

INSTRUCTIONS FOR LICENSE APPLICATION TO CHANGE AN EXISTING LICENSE

**ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER
FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

STATUS	FEE	ATTACHMENTS
CHANGE OF ADMINISTRATOR	\$250.00	<p>_____ Administrator's license (AGC, ICF, and SNF only)</p> <p>_____ Administrator's Resume</p> <p>_____ 3 Signed Letters of Reference</p> <p>_____ Appointment Letter from Governing Body/Owner with Effective Date</p> <p>_____ Evidence the Administrator is over 21 (PCA, HIC, HWH, TLF, ADC and ASC only)</p> <p>_____ Evidence of a High School Diploma or Equivalence (PCA, HIC and ADC only)</p> <p>_____ RN License or MD License, Healthcare Bachelor's Degree or 1 yr of Supervisory Experience in a Health Care Setting (NSP, HHA, & ASC)</p>
FACILITY CHANGE OF NAME	\$250.00	<p>_____ Amended Articles of Incorporation or Organization (if applicable)</p> <p>_____ Amended Bylaws or Operating Agreement (if applicable)</p> <p>_____ Amended Certificate of Insurance</p> <p>_____ Amended Business License</p> <p>_____ Letter with effective date of change</p> <p>_____ Amended Lease Agreement</p> <p>_____ Fictitious Firm Name Form (if applicable)</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</p>
CHANGE OF LOCATION All facility types must file an application in order to change locations per NRS 449.080(2) <p>-----</p> Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging location changes per NAC 449.0168 Fee Exceptions: for change of the suite only for HHA Parent, BPR, HPC, NSP and PCA per HCQC policy	<p>INITIAL FEES APPLY REFER TO SCHEDULE</p> <p>-----</p> <p>All Exceptions \$250</p>	<p>_____ Floor Plan with Dimensions</p> <p>_____ Amended Certificate of Insurance</p> <p>_____ Amended Business License</p> <p>_____ New Lease Agreement</p> <p>_____ Letter with effective date of change</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</p> <p>_____ 8 X 11 photograph of the facility or agency</p>

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BED INCREASE BED DECREASE	\$250.00 Plus Bed Fee (see schedule for bed fee) \$250.00	<p>_____ Floor Plan with Dimensions of Affected Beds</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</p> <p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Hospital Bed Count Form (HOS only)</p>
DIALYSIS STATION INCREASE	\$250	<p>- The facility must apply, at least 30 days before the proposed date, submit an application, fee and a proposed station increase letter.</p> <p>_____ Provide letter of attestation that there are staff to accommodate the increase in stations.</p> <p>_____ Provide letter of attestation that the water treatment system is safe for the proposed increase in stations.</p>
CHANGE OF OWNERSHIP	INITIAL FEES APPLY REFER TO SCHEDULE	<p>- A change of ownership application must be filed immediately (NAC 449.0114(5)).</p> <p>- Change of ownership applications must be completed no more than 45 days after the change occurs.</p> <p>- Please refer to the specific facility checklist found on the Health Facilities "Forms" page for the documents that must accompany the application.</p> <p>- Renewal fees are still due regardless of a Change of Ownership application being submitted towards the end of the year.</p>
ENDORSEMENT CHANGE FOR AGC ONLY	\$250	<p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness)</p> <p>*** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living</p>
ENDORSEMENT / CERTIFICATE FOR ISO (INTERMEDIARY SERVICE ORGANIZATION) FOR PCA ONLY	\$250	<p>_____ Policy and Procedures</p> <p>_____ Certificate of Insurance (Including: Workers' compensation for each personal assistant, Commercial liability in an amount not less than \$2M in general and not less than \$1M per claim, Insurance coverage for employee dishonesty for not less than \$25K per claim)</p>
CATEGORY CHANGE FOR AGC ONLY	\$250	<p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</p>

When submitting your application packet, you MUST turn in all of the required documents on this checklist or your application will be considered incomplete and returned to you.